


HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, ASB Tower Suite 970
 Honolulu, Hawaii 96813
 P.O. Box 816, Honolulu, Hawaii 96809
 Telephone: 587-0460 Fax: 587-0470
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GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: Patrick Saka

STATE POSITION:
 Chief Administrative Officer/Chief Financial Officer

STATE AGENCY:

Maui Memorial Medical Center

STATE TEL. NO.:

(808) 442-5104

STATE MAILING ADDRESS:

221 Mahalani Street, Wailuku, HI 96793

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	* NONE *		* NONE *		+ NONE *		+ NONE *		+ NONE *

[illegible]

 Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

[Signature]

4/28/06

SIGNATURE

DATE _____